

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC		FEC IDENTIFICATION NUMBER ▼ C C00405878	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 04 / 2014</div> </div>	

Full Name of Payee Arby's Restaurant Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2014	
Mailing Address 1155 Perimeter Center W #1200		Amount 11.68	
City Atlanta	State GA	Zip Code 30338	Transaction ID : SE.24629
Purpose of Expenditure Food for travel to rally	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2014	
Name of Federal Candidate Lamar Alexander		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: TN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Best Western Twin Islands Hotel		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2014	
Mailing Address 539 Parkway		Amount 183.77	
City Gatlinburg	State TN	Zip Code 37738	Transaction ID : SE.24621
Purpose of Expenditure Lodging for rally	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014	
Name of Federal Candidate Lamar Alexander		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: TN	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	195.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Beverly Cotter

[Electronically Filed]

Date

MM / DD / YYYY
08 / 07 / 2014

Signature